Montana Employer's Unemployment Insurance (UI) Quarterly Wage Report – Form UI-5G GOVERNMENTAL/REIMBURSABLE



Quarter End	Due Date		
Employer Identification Numbers			
UI Account Number			
Federal Id (FEIN)			

GOVERNIVIEN I AL/REIIVIDURSABLE			Employer Identification Numbers			
		FRORCE NESS	UI Account Number			
			Federal Id (FEIN)			
			UI Contribution Ra		%	
			UI Administrative I		%	
			UI Total Tax Rate		%	
	o wages are paid. Please refer to instruc	ctions for				
information on completing this Step 1 . Check □No Wag	ges paid for the quarter covering this repo	ort				
applicable boxes Sold Bu	usiness - Name and address of new owner					
	I Employing – Last payroll date/_ e in Name, Address, Phone Number or Ide	/ entification Numbe	ar (list corrections her	۵).		
	led Report	ontinoation (vario		2).		
Step 2. Unemployment	Insurance Employee Wage List	ting 🗌 Che	eck here if wage listing	is attached.		
Employee's Social Security Name of Empl				Total Wages		
Number	Last Name	First	Name	Paid this Quarter		
					_	
				 	_	
					_	
					_	
					-	
					-	
					-	
					-	
					+	
					+	
Total						
Step 3. Calculate Tax			Unemployment surance Tax	Step 4. Number of UI Employees		
Total wages paid this quare	rter	>				
UI total tax rate	_			Number of covered wor who worked during, or	rkers	
Total tax (multiply line 1 times line 2)				received pay for the pa	yroll	
Credits (overpayment from prior quarters)				period that includes the	12 th	
5. Adjustments to prior quart	ers (attach explanation)			day of the month:		
6. Balance due (line 3 – line 4 +/- line 5 see instructions)				1 st month	-	
7. Penalty and interest due, if you file late				2 nd month	_	
8. Payment enclosed (line 6 +7)		>		3 rd month		
Make Check Payable to UI Ta	ax Program			3 monur	-	
Step 5. Signature. Sign due date above, even if no wa	and make a copy of this form for your rec ges are paid or tax is due. Question? Ca	cords. Mail your r	eport, additional wage	listings and payment by	the	
Mail to:	I certify the information on the	* *				
UI Tax Program		is true and correct.		Date:		
PO Box 6339	Authorized Signature Title	Telephone Numb	er Name/Title of Cor	ntact Person Telepho	ne No	

Helena MT 59604-6339